

Regional Center of the East Bay  
Application – Self-Determination Advisory Committee

Please provide the following information and return to either Valerie Buell or Michi Toy.

Name:

Address\*:

Phone Number:

E-mail Address:

Ethnicity (Optional)\*:

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Please Indicate:

- ☐ Individual with Developmental Disability
- ☐ Family Member
- ☐ Other (Please Explain)

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Please provide a brief statement explaining your interest in this committee:

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Interpretation Services and/or Accommodations can be provided upon request.  
All applications must be received by April 15, 2015.

\*State law requires this committee to “reflect the multicultural diversity and geographic profile” of RCEB’s region.

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